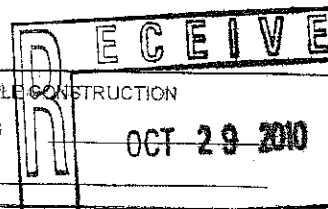


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 10/19/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2010
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE		STREET ADDRESS/Division of Health Care 260 South Main Enforcement Branch PIKEVILLE, KY 41501	

SAD PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey (KY15357, KY15378, KY15387) was conducted on October 5, 2010. Deficient practice was identified with the highest scope and severity at "C" level. 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	F 000		
F 465	The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide effective housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable environment. During an environmental tour of the facility on October 5, 2010, the following was identified: brown stained ceiling tiles, black substance on walls, mildew odors, paint peeling from walls and in need of paint, cracked plaster, and holes in walls in need of repairs. The findings include: Observations conducted on October 5, 2010, from 12:30 p.m. until 2:00 p.m., during the initial tour revealed the following: -Brown stains on the ceiling tiles in rooms 51, 53, 5, 2, 1, 8, 12, 13, 15, 38, and 43 and stains on the bathroom ceiling in room 7. -Black spots were observed on the ceiling tiles in room 15. The observation revealed a black substance around a light switch in room 33 and in	F 465	Signature Health Care of Pikeville does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	

DIRECTOR OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE 10/07/10 (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2010
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
OSID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X3) COMPLETION DATE
F 465	<p>Continued From page 1</p> <p>the shower rooms on both units of the facility. Black spots were also observed on the back of a picture hanging on the wall in room 2.</p> <p>-A mildew odor was noted in the resident closets in rooms 54, 53, and 52 and in the bathroom of room 17.</p> <p>-Cracked plaster was observed in the corner of room 56 and around the ceiling fan in the men's shower room on the North Hall.</p> <p>-Holes were observed in the entrance hallway beside the admissions office and room 35 along the baseboard.</p> <p>-Paint was peeling from walls in rooms 32, 43, and 48, and plastered areas on walls needed painted in rooms 37 and 43.</p> <p>An interview with the Maintenance Supervisor (MS) on October 5, 2010 at 3:40 p.m., revealed the ceilings leaked during hard rains in the spring until present. The MS stated the rubberized roof was pulling away from the edges and allowed for water to seep into the ceiling and into the cement blocks. The MS stated that maintenance logs were kept at the nursing stations for staff to complete if any repairs were required, and the MS prioritized the repairs needed.</p> <p>An interview conducted on October 5, 2010, at 2:50 p.m., with State Registered Nurse Aide (SRNA) #2 revealed the SRNA had just recently become an SRNA and previously worked in Housekeeping. The SRNA reported mold was in the closet, on the ceiling tiles, and the corner of the wall in room 52; however, that room had been empty since water leaked into the facility. SRNA #2 revealed the housekeepers cleaned the room utilizing bleach, SOS pads, and Magic Erasers but could not see much of a difference.</p>	F 465	<p>F465 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>Corrective Action for Resident(s) Affected: The stained ceiling tiles in rooms 51, 53, 6, 2, 18, 12, 13, 15, 38, 18, and 43 and the ceiling tiles in the bathroom in room 7 will be replaced by 11/5/2010. Housekeeping has cleaned the wall in room 33 with the light switch on it on 10/20/2010. The shower rooms were thoroughly cleaned and touched up with paint as needed on 10/15/2010. The closets in resident rooms 54, 53, and 53 were thoroughly cleaned as well as the bathroom in room 17 on 10/20/2010. The plaster was repaired and painted around the ceiling fan in the shower room on North Hall, and in room 56 on 10/22/10. The holes beside the admissions office and in room 35 were repaired on 10/22/2010. Rooms 32, 43, and 48 will be painted and the plastered areas in rooms 37 and 43 by 11/5/2010.</p> <p>How the facility will act to protect residents in similar situations: The maintenance team has conducted an environmental tour and checked all resident rooms, common areas, and hallways to see if there any other areas that haven't been identified in need of repair or paint, and to see if there were any other stained ceiling tiles. Repairs will be made if needed. Housekeeping has checked all resident rooms, closets, and common areas for any areas that needs deep cleaned and cleaned any area that needed it. The roof replacement began on the facility on 10/18/2010.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2010
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 465	<p>Continued From page 2</p> <p>An interview conducted on October 5, 2010, at 3:20 p.m., with Licensed Practical Nurse (LPN) #2 revealed Maintenance had worked on the roof multiple times, and the ceiling still leaked in room 55. LPN #2 stated Maintenance replaced some of the ceiling tiles in room 55. The LPN reported that resident #2's family member complained that there was mold in the resident's closet; however, the family member cleaned out the closet so no mold was identified.</p> <p>An interview conducted on October 5, 2010, at 3:25 p.m., with the Housekeeping Supervisor revealed the supervisor was not sure the black spots on the ceiling tiles, walls, and in the closets were mold. The interview revealed ceiling tiles were replaced and the other areas were cleaned by Housekeeping using Clorox Clean Up; however, the facility did not research to see what recommendations were appropriate to clean the black spots.</p> <p>Interviews with residents #10 #11, #12, and #13's family members on October 5, 2010, from 12:30 p.m. until 2:00 p.m., revealed no concerns with mold/mildew were noted, no concerns were voiced regarding leaks in faucets/toilets, and there were no concerns with ceilings leaking.</p>	F 465	<p>Measures to prevent reoccurrence: The maintenance department will conduct room readiness rounds monthly and look at all resident rooms, bathrooms as well as all common areas to see if there are any repairs that need to be made. Repairs will be made as needed such as touch up painting, repairing cracked plaster, replacing stained ceiling tiles, etc. The housekeeping supervisor will conduct room readiness rounds monthly and check all resident rooms for cleanliness and odors and will have housekeeping clean any area that is needed. All staff will be in serviced on putting items that need repaired in the maintenance work order book located at each nurses station.</p> <p>Monitoring of Corrective Action: The Maintenance Director or Administrator will make rounds weekly and review at least 20% of the resident rooms and common areas to ensure that there isn't any stained ceiling tiles, black substance on walls, mildew odors, peeling paint, cracked plaster, and holes in the wall for 3 months. Results of the audit will be reviewed by the Quality Assurance Committee monthly for 6 months, for recommendations and further follow-up as indicated</p> <p>Completion date: 11/5/10</p>		
F 469 SS=C	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 469			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2010
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 469	<p>Continued From page 3</p> <p>Based on observation and interview, it was determined the facility failed to maintain an effective pest control program so the facility was free of pests. Spiders and gnats were observed in the facility on October 5, 2010.</p> <p>The findings include:</p> <p>Observations conducted on October 5, 2010, from 12:30 p.m. until 2:00 p.m., during the initial tour revealed gnats in rooms 3, 14, 15, 51, 27, 33, 34, 37, 39, and 42. The observations revealed spiders in the corners of the hallways on the North wing beside the Laundry and the Physical Therapy Departments, and spider webs in rooms 43 and 45.</p> <p>An interview conducted on October 5, 2010, at 3:40 p.m., with the Maintenance Supervisor revealed the facility had a contracted pest control company that sprayed once a month for all insects, including spiders. The Maintenance Supervisor stated gnats had been an ongoing problem in the facility. The Maintenance Supervisor further stated a drain gel was poured into all overflow drains and sinks monthly to coat the pipes and helped to kill the gnats.</p> <p>An interview conducted on October 5, 2010, at 5:00 p.m., with the Administrator and the Director of Nursing (DON) revealed the facility contracted a pest control company that sprayed once a month for insects.</p> <p>Interviews with residents #10 #11, #12, and #13's family members on October 5, 2010, from 12:30 p.m. until 2:00 p.m., revealed no concerns with insects or rodents except gnats. Residents #10 and #11's families were concerned with the gnats.</p>	F 469	<p>F469 483.70(h) (4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>Corrective Action for Resident(s) Affected: Resident room number 3, 14, 15, 51, 27, 33, 34, 37, 39, and 42 room has been observed daily during facility rounds by the Maintenance Director and the Housekeeping Supervisor, to ensure that the room is free from gnats. Room 43 and 45 were thoroughly cleaned and free from spider webs, the hallways on North wing beside the laundry room and the therapy department was checked to ensure they were free of spiders on 10/20/2010.</p> <p>How the facility will act to protect residents in similar situations: RidAll was here on 10/12/2010 and conducted general maintenance treating the foundation, around the doors and windows and applied granules around the building for spiders and general pests.</p> <p>Measures to prevent reoccurrence: RidAll will continue to treat the building on a monthly basis for the gnats, spiders and other pests. Housekeeping will thoroughly clean all hallways, resident rooms, and common areas focusing on the corners to ensure there are no spider webs. All staff will be in serviced on putting pest control problems in the maintenance work order book located at each nurses station by 11/5/2010.</p> <p>Monitoring of Corrective Action: The Maintenance Director or Administrator will make rounds weekly and review at least 20% of the resident rooms and common areas to ensure that there isn't any gnats, spiders, spider webs or other pest concerns for 3 months. Results of the audit will be reviewed by the Quality Assurance Committee monthly for 6 months, for recommendations and further follow-up as indicated.</p> <p>Completion date: 11/5/2010</p>		

RECEIVED
OCT 29 2010

OCT 29 2010

If continuation sheet: Page 5 of 5